

PLUMBING INSPECTION APPLICATION

ADC Map Location	Job Site Contact Name & Phone #	Plumbing Permit #	Inspection Fee \$
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Job Address _____ Estimated Value \$: _____

City _____ County _____ State _____

Owner/Occupant _____ Tenant _____

Type: Residential All Other Type of Work: New Building Addition to Building Other:

PLUMBING FIXTURES

Quantity	Description
_____	Backflow Preventor
_____	Bidet
_____	Dishwasher
_____	Floor Drain/Sink
_____	Ice Maker
_____	Open Site Drain
_____	Shower
_____	Meter
_____	Urinal
_____	Water Closet
_____	Sprinkler System (Lawn)
_____	Bathroom Group
_____	Clean-Out
_____	Drinking Fountain
_____	HoseBib/Wall Hyd
_____	Lavatory
_____	Roof/Surface Drain
_____	Sink
_____	Tub
_____	Washing Machine
_____	Water Heater-Elec

SEWER/WATER

_____	Building Sewer	_____	Sewer Repair
_____	Drain/Vent System	_____	Sewer Cap-off
_____	Storm Manhole	_____	Road/Sewer
_____	Water Service	_____	Excavation
_____	Fire Service	_____	Water Pipe
_____	Sewage Pump	_____	Grease Trap

GAS FIXTURES

_____	Gas Boiler	_____	Gas Dryer
_____	Gas Furnace	_____	Gas Kitchen Appliance
_____	Gas Log	_____	Gas Pool Heater
_____	Gas Oven	_____	Gas Rooftop Unit
_____	Gas Range	_____	Gas Water Heater
_____	Gas Space Heater	_____	

NEW CONSTRUCTION - RESIDENTIAL

_____	Gas Space Heater
_____	Gas Water Heater

OTHER

_____	Solar Heat
_____	Swimming Pool

Appl. Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____

Prof. License # _____ Exp. Date _____

Additional Comments/Instructions:

SPACE BELOW FOR AGENCY'S USE ONLY

Progress Status:

Rough

Progress

LKD

Incomplete

Violation Other Side

Inspectors Signature _____ Date _____

Invoice #: _____ Check #: _____

Invoice Date: _____



TOWN OF
Princess Anne

Town of Princess Anne
30489 Broad Street
Princess Anne, MD 21853
410-651-1818

Commissioners
Joseph Gardner, President
Orlando Taylor, Vice President
Lionel Frederick, Commissioner
Marshall Corbin, Commissioner
Shelley Johnson, Commissioner

Plumbing Inspection Application

Permit Number: _____ ***Office Use Only***

Please print clearly.

Owner's Name: _____

Address: _____

Tax Map _____ Parcel _____ Lot _____

Street Address of Work: _____

Contractor's Name: _____

License Number: _____

Contractors Address: _____

Contractors Phone Number: _____

Contractors Signature: _____

Email: _____

Type of Use

Single Family: Stick Built _____ Modular _____ Manufactured _____ Addition _____

Multi Family: Duplex _____ Townhouse _____ Apartments _____ Other _____

Commercial: Shopping Center _____ Restaurant _____ Industrial _____ Office _____

Date Received: _____

Date Issued: _____

Expiration Date: _____

Application Fee: _____

Date Paid: _____

Issued By: _____

All inspections are performed by First State Inspection Agency. Failure to have inspections within 180 days will result in your permit expiring and additional fees. Inspection and administrative fees will be invoiced to the owner or contractor of the property.

If First State has not contacted you within 24-48 hours, please call their office at 302-422-3859